

**ROCKINGHAM COUNTY
DEPARTMENT OF PUBLIC WORKS
20 East Gay Street
Harrisonburg, Virginia 22802
(540) 564-3020 Fax: (540) 564-3048**

**WATER AND SEWER
APPLICATION FOR SERVICE**

Date _____

I (we) _____ hereby make application for
water _____ and/or _____ sewer service to the premises located at _____
zip code _____ Subdivision _____.

Service is to begin on _____. I am (we are) the _____ owner, or
tenant _____. If tenant, the owner is _____ and has indicated
approval of the County's provision of service and **potential owner liability for nonpayment** by
signature below. I (we) understand that connections made are to be in conformance with existing
policies and ordinances of Rockingham County and agree to pay for service(s) at the rates and fees
established by and as may be revised by the Rockingham County Board of Supervisors. I (we)
further understand that service(s) may be discontinued in the event bills are not paid when due.

_____ Telephone

_____ Telephone

Signature of Owner

ID # or Social Security Number

Applicant Mailing address:
(if different from service):

Signature of Applicant or Agent

There is a minimum monthly charge of \$9.63 for 0 to 3,500 gallons

A copy of your drivers license and / or social security card is required for service.
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(For Office Use)

Water Service Area _____

Date of Service _____

Owner Deposit _____ (\$30)

Old Account # _____ / _____

Tenant Deposit _____ (\$45)

Meter Number _____ **Read =** _____

Sewer Service Area _____

Cash _____ **Check #** _____ **Receipt #** _____

Work Order # _____

Book Number _____ **Page #** _____

Owner Deposit _____ (\$20)

Customer Number _____

Tenant Deposit _____ (\$30)

Received By _____

City Account # _____